



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 31-May-2022 | Report No: PIDA33530



BASIC INFORMATION

A. Basic Project Data

Country Congo, Republic of	Project ID P178126	Project Name AF3 Republic of Congo COVID-19 Emergency Response Project	Parent Project ID (if any) P173851
Parent Project Name Republic of Congo COVID-19 Emergency Response Project	Region Western and Central Africa	Estimated Appraisal Date 10-Jun-2022	Estimated Board Date 27-Jun-2022
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Congo	Implementing Agency Ministry of Health and Population

Proposed Development Objective(s) Parent

To prevent, detect, and respond to the threat posed by COVID-19 and strengthen the national system for public health preparedness in the Republic of Congo.

Components

Emergency COVID-19 Response and Health System Strengthening
Communication Campaign, Community Engagement, and Behavior Change
Implementation Management and M&E

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	30.00
Total Financing	30.00
of which IBRD/IDA	30.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	30.00
IDA Credit	30.00



Environmental and Social Risk Classification

Substantial

B. Introduction and Context

- 1. This Project Paper seeks the approval of the World Bank’s Regional Vice President to provide an IDA credit in the amount of US\$30 million for a third Additional Financing (AF3) and restructuring of the Republic of Congo (RoC) COVID-19 Emergency Response Project (P173851).** AF3 would support the costs of expanding activities under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.¹ The primary objective of AF3 is to improve COVID-19 vaccine deployment and strengthen the health system to support pandemic preparedness and the COVID-19 response. The need for additional resources to expand the COVID-19 response was formally conveyed by the Government of RoC on November 11, 2021.
- 2. The parent project, in the amount of US\$11.31 million equivalent prepared under the SPRP, was approved on April 20, 2020, and became effective on May 26, 2020.** The parent project enabled the country to mount a rapid initial response and put in place public health control measures by implementing Congo’s Integrated National COVID-19 Preparedness and Response Plan. This was followed by a first AF (AF1) (P175805)² in the amount of US\$12 million equivalent which was approved on June 2, 2021 and became effective on August 27, 2021. AF1 supported vaccine acquisition and deployment efforts and enabled the implementation of Congo’s National Deployment and Vaccination Plan (NDVP). A second AF (AF2) grant in the amount of US\$3 million from the Health Emergency Preparedness and Response Trust Fund (HEPRTF) (P177008), was approved on March 23, 2022 and is expected to be effective by July 30, 2022, with activities focusing on supporting the country’s preparedness for future health emergencies.
- 3. The proposed AF3 will support preparedness and response activities planned under the SPRP.** In particular, AF3 will help facilitate the deployment of available COVID-19 vaccines acquired through the African Vaccine Acquisition Trust (AVAT) with World Bank financing, as well as the COVID-19 Vaccines Global Access Facility (COVAX) and other mechanisms, by improving storage, distribution, and cold-chain capacity. It will also support efforts to generate further demand for COVID-19 vaccination, focusing especially on communication and community engagement, as well as improving vaccination service delivery by rehabilitating and further equipping both fixed and mobile vaccination sites. The proposed

¹The World Bank approved a US\$12 billion Fast Track COVID-19 Facility (“the Facility”) to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the Bank”) and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the Facility total to US\$14 billion. The AF of US\$12 billion (IBRD/IDA) was approved on October 13, 2020, to support the purchase and deployment of vaccines as well as strengthening the related immunization and health care delivery system.

² The project paper can be found at: <https://documents1.worldbank.org/curated/en/637721623329801754/pdf/Congo-Republic-of-COVID-19-Emergency-Response-Project-Additional-Financing.pdf>



AF3 will also expand infection prevention and control (IPC) activities and medical waste management services, ensure essential health services are maintained and that the quality of care is improved through health facility rehabilitation and installation of medical oxygen production units.

4. **The country has secured sufficient COVID-19 vaccine doses to cover 45 percent of the population.** Two million doses are presently in country, of which 882,000 are at risk of expiration between May and September 2022 if they are not rapidly and efficiently deployed. The Expanded Program on Immunization (EPI) will be supported to secure sufficient vaccine storage capacity in target cities, upgrade the cold-chain equipment, and acquire vehicles and motorcycles for deployment. The number of new cases has stabilized averaging at 9 new cases over a 7-day period, for a total of 24,052 infections, and no new deaths recorded in the past five weeks (Situation Report, SITREP 238, May 2, 2022). There is therefore a perceived diminished risk of COVID-19 infection and a greater degree of complacency around vaccination. Despite high-level Government efforts, the vaccination rate has stagnated at around 11.3 percent of the population and vaccine uptake cannot be increased without generating further demand. Evidence-based, targeted communication efforts will be used to increase the population's confidence in the health system and immunization services. The Government is maintaining the overall vaccination coverage target at 60 percent of the population, per the NDVP revised in July 2021. The country will continue to provide free-of-cost vaccination to the entire population.

5. **The proposed AF3 will further scale-up other preparedness and response activities planned under the SPRP.** IPC practices adopted early on will be reinforced to maintain adequate IPC standards. This is vital to ensure that health facility staff limit the spread of COVID-19 and other infections, by providing services in a manner that is safe for themselves and for patients. This will include procurement of essential supplies and equipment such as personal protective equipment (PPE), soap, and proper waste receptacles for safe separation and disposal of medical waste. It will also include implementing the medical waste management plan and ensuring incinerators are appropriately built and managed, and conducting a water, sanitation and hygiene (WASH) evaluation to understand and fill gaps in the availability of water and electricity where needed. Care and treatment will also be enhanced by expanding oxygen production capacity and securing additional ambulances.

C. Proposed Development Objective(s)

Original PDO

To prevent, detect, and respond to the threat posed by COVID-19 and strengthen the national system for public health preparedness in the Republic of Congo.

Current PDO

To prevent, detect, and respond to the threat posed by COVID-19 and strengthen the national system for public health preparedness in the Republic of Congo.

Key Results



D. Project Description

6. **The project includes three components focused on activities with the highest short-term impact on halting the pandemic, and medium- to long-term strengthening of national preparedness and response:**
 - *Component 1: Emergency COVID-19 Response and Health System Strengthening* [Total US\$23.31 million: US\$9.11 million (parent); US\$11.20 million (AF1); US\$3.0 million (AF2)] focusing on early case detection, laboratory confirmation, contact tracing, recording, reporting and surveillance; facility rehabilitation and preparedness planning; IPC; human resource strengthening; procurement and supply chain, observatories (COUSP) and analytical capacity. This component was expanded through the first AF to include vaccine acquisition and deployment;
 - *Component 2: Communication Campaign, Community Engagement and Behavior Change* [Total US\$1.8 million: US\$1.50 million (parent); US\$0.30 million (AF1)];
 - *Component 3: Implementation Management and Monitoring and Evaluation (M&E)* [Total US\$1.3 million: US\$0.70 million (parent); US\$0.50 million (AF1)]. The project provides immediate support to prevent new COVID-19 cases, limit local transmission through containment strategies, and strengthen the health care system. The project remains embedded in the Integrated National Preparedness and Response Plan, the World Bank's Global COVID-19 MPA, and the development partners (DP) division of labor.
7. **The changes proposed for AF3 entail expanding the scope of activities in the parent project and adjusting its design to better meet current needs.** Additional resources will scale up COVID-19 response efforts by: ensuring efficient deployment of vaccines including upgrading storage and cold chain facilities; improving service delivery, including updating facility infrastructure to ensure that they can deliver immunization and – as needed – treatment of COVID-19 patients; and addressing IPC gaps. The AF3 will improve treatment and care, including by extending the country's oxygen delivery capacity and maintaining essential services. The AF3 will also encourage demand for vaccination by expanding and improving communication campaigns and outreach which are essential to sustain throughout the vaccine roll-out.
8. **As the proposed activities to be funded under the AF3 are aligned with the original PDO, the PDO would remain unchanged.** Implementation arrangements will be revisited with the creation of a new PIU focused solely on coordinating COVID-19 response activities. The Results Framework (RF) will be revised to better capture implementation progress.
9. Finally, **the closing date will be extended by one year to April 30, 2024**, considering the need for an expanded vaccination rollout.

Proposed New Activities and Financing

Component 1: Emergency COVID-19 Response and Health System Strengthening (Parent US\$9.11 million equivalent; AF1 US\$11.20 million equivalent; AF2 US\$3.00 million; AF3 US\$20.00 million equivalent – Total: US\$43.31 million equivalent)



10. **Sub-component 1.1. Early case detection, diagnostic capacity, contact tracing, recording, reporting.** The project will continue to strengthen and sustain disease surveillance systems, expand testing, and enhance epidemiological investigation which is essential for vaccine surveillance. This sub-component will however, not receive additional financing under this AF3.

11. **Sub-component 1.2: Health System Strengthening.** The AF3 will enhance the health system's resilience, while focusing on immediate preparedness and response needs. Specifically, the AF3 will support investments to bring selected facilities' immunization systems and service-delivery capacity to the level required to deliver COVID-19 vaccines successfully and safely at scale, and to continue responding to COVID-19.
 - a. **Facility Rehabilitation and Preparedness Planning.** In line with the original MPA, which envisaged to "rehabilitate and equip selected primary health care facilities and hospitals for the delivery of critical medical services to cope with increased demand of services", AF3 will undertake minor rehabilitation and equip selected primary health care facilities and hospitals. This will ensure facilities are capable of providing quality COVID-19 immunization services, and (for hospitals) have the capacity to provide intensive care. Financing will be provided to develop and implement plans for the procurement and installation of oxygen supply systems and the training of technicians and engineers for maintenance. This will help to establish specialized and where necessary isolation units in selected hospitals to strengthen clinical care capacity for COVID-19 and other infectious respiratory illnesses such as tuberculosis.

 - b. **Infection Prevention and Control and waste management.** In line with the original project and MPA, the AF3 will support the following activities: (i) developing intra-hospital infection control measures and hospital infection control guidelines; (ii) ensuring the availability of safe blood products; (iii) ensuring access to safe water and basic sanitation in health facilities – including establishing needs and gaps through a WASH evaluation; (iv) strengthening medical waste management and disposal systems, including procurement and installation of incinerators as appropriate; (v) providing critical medical supplies including the distribution and use of protective equipment and hygiene materials, (vi) training health facilities staff to enhance hygiene, infection prevention and control; and (vii) promoting personal hygiene, including handwashing, raising awareness about COVID-19 and other existing or potential epidemics, and promoting community participation in slowing the spread of the pandemic.

 - c. **Human Resource Strengthening.** The project will continue existing activities under this sub-component, such as clinical training of health teams, training health facility staff and front-line workers.

 - d. **Procurement and supply chain.** The project will continue existing activities under this sub-component such as procurement of equipment, reagents, and other commodities.

 - e. **Service Delivery.** AF3 will place primacy on improving confidence in the health system by providing further improvements to health facilities designated as vaccination sites and to mobile vaccine delivery units. This will require re-evaluating each unit for their readiness to deliver quality vaccination and health services, and addressing the shortfalls, including



securing running water and electricity to meet basic hygiene and sanitation requirements. Other improvements will be made to provide proper infrastructure, ensure proper patient flow, accommodation, and service provision. Health workers will additionally be equipped for mobile outreach.

- f. **Regulatory Systems Strengthening.** AF3 will continue existing activities under this sub-component such as pharmacovigilance training to monitor adverse events following vaccination.
- g. **Health information system.** AF3 will continue activities under this sub-component including training on integrating COVID-19 vaccination data into DHIS2 and improvements to the human resource for health information system. These improvements will include tracking the status of health workers' climate emergency preparedness training.

12. **Sub-component 1.3: Supporting national and sub-national prevention and preparedness (Public Health Emergency Operations Centre).** This sub-component will not receive additional financing under this AF3.

13. **Sub-component 1.4: Immunization System Enhancements and COVID-19 Vaccination.** This sub-component will support the Government to implement the NDVP and improve the overall immunization system, as follows:

- a. **Purchase of Vaccines.** This AF3 will not allocate additional funds to the purchase of eligible COVID-19 vaccines, as there is adequate financing available under AF1.
- b. **Effective Vaccine Deployment.** Storage and climate friendly cold-chain capacity will particularly be further enhanced in order to protect vaccines from exposure to extreme temperature. Storage facilities will be rehabilitated and climate friendly cold chain equipment will be purchased. Overall, actions related to strengthening the immunization program to be able to effectively deliver vaccines for COVID-19 and other diseases with epidemic potential will be scaled-up.
- c. **Policies and Normative Guidance.** Activities will remain the same.

14. **Component 2: Communication Campaign, Community Engagement and Behavior Change** (Parent US\$1.50 million equivalent; AF1 US\$0.30 million equivalent; AF2 N/A; AF3 US\$5.2 million; Total US\$7 million equivalent). To build overall confidence in vaccination to lead to greater utilization of COVID-19 and other vaccines, community-centered communication and outreach will be adapted and expanded. This will help to increase awareness and "vaccine literacy," and build trust in the COVID-19 and other vaccines and dispel myths and misinformation. Activities will include expanding a combination of original project and AF1 activities, as follows:

- a. **Expanding risk communication campaigns.** Activities will remain the same.



- b. Community and multi-stakeholder engagement.** Community engagement will be expanded to increase confidence in the health system as well as to generate demand and uptake for vaccines and other essential public health services. This will include implementing evidence-based, strategic two-way communication activities ensuring active community participation through provision of in-kind incentives (such as branded materials and refreshments). These activities aim to counter misinformation and vaccine hesitancy and strengthen local accountability mechanisms.

15. **Component 3: Implementation Management and Monitoring and Evaluation (M&E)** (Parent US\$0.70 million; AF1 US\$0.50 million; AF2 N/A; AF3 US\$4.80 million; Total US\$6 million). This increased amount is especially expected to support improvements in executing and closer monitoring of environmental and social safeguards activities. The amount is additionally expected to support a better performance in project M&E. Revised coordination structures will be used for coordination of these expanded project activities, as well as fiduciary tasks of procurement and financial management

16. **The project, including this AF3, will continue to support access to free COVID-19 vaccination for all.** While the entire population is eligible for vaccination (as long as they meet vaccine-specific age requirements), the project will prioritize and tailor outreach efforts according to population groups as defined for AF1.

Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

E. Implementation

17. **The institutional arrangements for the parent project will be revised.** A COVID PIU was established through Decree Number 2020-463 dated October 5, 2020 but was not operationalized owing to the lack of appropriate staff. This PIU will now be formally tasked to manage all World Bank COVID-19 project financing in order to enhance project management and oversight. A coordinator will be recruited to manage this new PIU, and the following list of key staff currently under the REDISSE PIU will be maintained in the new PIU: (i) the public health specialist; (ii) the vaccination specialist; (iii) the social safeguards specialist; (iv) the environmental safeguards specialist; and (v) the GBV/SH specialist. Additionally, the following staff will be recruited within three months of AF3 effectiveness: (i) a procurement specialist; (ii) a financial management specialist; and (iii) an accountant. Other staff will be recruited as needed, with the prior agreement of the World Bank.



18. **Except for the PIU, all other institutional arrangements will remain the same.** The Project Steering Committee will remain in place, chaired by the Ministry of Planning. The Project Technical Committee will also continue to function as-is, with additional representation from the EPI.
19. **The national coordination committee and its technical committee will continue to provide overall oversight, leadership, coordination, and strategic planning for the response.** The sub-committees will play their roles, with the sub-committee on immunization tasked with designing and monitoring the implementation of the NDVP, led by the EPI. This immunization sub-committee receives independent guidance from the National Expert Committee (serving as RoC's National Immunization Technical Advisory Group)

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APPROVAL

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